

PARTICIPATION WAIVER FOR MINORS
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Name of Participant(s) or Minor(s) living at the same address:

1. _____ Age _____
2. _____ Age _____
3. _____ Age _____
4. _____ Age _____
5. _____ Age _____

Address Zip Code Phone No.

As parent or guardian of the above named child (children), I hereby give my approval for my child's (children's) participation in the Lexington-Fayette Urban County Government Program listed below. I hereby release, absolve, indemnify, hold harmless, and waive all claims against the Lexington-Fayette Urban County Government in the event of injury, illness, loss or damage to any personal property or clothing of my child (children), and waive all claims against them. I further understand that the Lexington-Fayette Urban County Government will **not** provide any form of medical insurance and that any expenses incurred as a result of any injury or illness sustained to my child (children) during participation in the Program named below will **not** be the responsibility of the Lexington-Fayette Urban County Government or any of its agents or employees.

I further consent to allow my child (children) picture and/or likeness or voice to appear in any promotional television, radio or film coverage of the Program, without compensation.

REFOREST THE BLUEGRASS 2013

Name of Program

Hisle Park
Program Site

SATURDAY April 13, 2013

Program Activity Date

SIGNATURE OF PARENT/GUARDIAN

PLEASE PRINT NAME

ADDRESS ZIP

(_____)_____